



South Dakota Board of Nursing
South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

RECEIVED

DEC 27 2012

SD BOARD OF NURSING

Nurse Aide
Application for Re-Approval of Training Program

All Nurse Aide (NA) Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD 44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing
722 Main Street, Suite 3
Spearfish, SD 57783

RECEIVED

DEC 31 2012

SD BOARD OF NURSING

Spearfish

Name of Institution: Brookview Manor
Address: 300 22nd Ave
Brookings, SD 57006
Phone Number: 605-696-7710 Fax Number: 605-696-7737
E-mail Address of Faculty: atrowbridge@brookingshealth.org

Select option(s) for Re-Approval:

- ☐ Request re-approval *without* changes to program coordinator, primary instructor, supplemental personnel or curriculum
1. List personnel and licensure information
 2. Complete evaluation of the curriculum
- ☒ Request re-approval with faculty changes and/or curriculum changes
1. List personnel and licensure information, attach curriculum vitas, resumes, or work history for new personnel
 2. Complete evaluation of the curriculum
 3. Submit documentation to support requested curriculum changes

1. List Personnel and Licensure Information:

Program Coordinator must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)

Name of Program Coordinator	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
Amanda Trowbridge	SD	R032590	08-06-2014	8/11/12

- ☐ If requesting new Program Coordinator, attach curriculum vita, resume, or work history

Primary Instructor must be a licensed nurse (RN or LPN) with 2 years nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 44:04:18:11)

Name of Primary Instructor	RN OR LPN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
Vicki Creswell	SD	R034184	05-18-2014	8/11/12

- ☐ If requesting new Primary Instructor, attach curriculum vita, resume, or work history, and attach documentation supporting previous experience in teaching adults within the past five years or documentation of completing a course in the instruction of adults.

Supplemental Personnel may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12) If requesting new Supplemental Personnel, attach curriculum vita, resume, or work history.



South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

- ☐ Mental health and social services, including: responding appropriately to behaviors; awareness of developmental tasks associated with aging process; respecting personal choices and preserving client dignity, and recognizing sources of emotional support;
- ☐ Care of cognitively impaired clients, including: communication and techniques for addressing unique needs and behaviors;
- ☐ Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation, eating, and dressing; range of motion; turning and positioning in bed and chair; bowel and bladder care and training; and care and use of prosthetic and orthotic devices;
- ☐ Residents' rights, including: privacy and confidentiality; self-determination; reporting grievances and disputes; participating in groups and activities; security of personal possessions; promoting an environment free from abuse, mistreatment, and neglect and requirement to report; avoiding restraints.

Program Coordinator Signature: _____

Amanda Thornbridge

Date: _____

12/26/12

This section to be completed by the South Dakota Board of Nursing

Date Application Received: <i>12/31/12</i>	Date Application Denied:
Date Approved: <i>4/15/13</i>	Reason for Denial:
Expiration Date of Approval: <i>8th Jan 2015</i>	
Board Representative: <i>8th Jan</i>	
Date Notice Sent to Institution: <i>4/15/13</i>	